



CONTRACT-WORKER AWARD PROGRAM (CAP) NOMINATION FORM

Award Information:

(Please check one)

☐ Individual

☐ Team

Name	Z Number	Subcontractor	Organization	Cost Code	Program Code	Cost Account	Work Package	Proposed Amount/ Per Worker

Print Name

Signature

Organization

Date

Nominated by:				

Reviewed by: HR Generalist/Personnel Coordinator				

Approved by: Group Leader				

Approved by: Division/Program Director				

CAP NOMINATION FORM

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JUSTIFICATION TO SUPPORT NOMINATION

Specify accomplishment being recognized and briefly explain how the achievement surpasses expectations or goals defined for the job.

IMPACT

Explain briefly how this achievement contributed to the fulfillment of organizational, cross-organizational, or Laboratory-wide goals/objectives.